

**FINANCIAL AFFIDAVIT**CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

THE CASE OF

FOR

LOCATION NUMBER

VS.

AT

PERSON REPRESENTED (Show your full name)

*Fabien Ruiz*

- ☐ Defendant - Adult  
☐ Defendant - Juvenile  
☐ Appellant  
☐ Probation Violator  
☐ Parole Violator  
☐ Habeas Petitioner  
☐ 2255 Petitioner  
☐ Material Witness  
☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony ☐ Misdemeanor

ETS	<b>EMPLOYMENT</b>	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed
		Name and address of employer: <i>LWK Trailer Repair 3214 E President St Tucson AZ</i>
		IF YES, how much do you earn per month? \$ <i>1200 - 2000</i> IF NO, give month and year of last employment <i>4-2</i> How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED: _____ SOURCES: <i>NA</i>
	<b>CASH</b>	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE: _____ DESCRIPTION: <i>NA</i>

OBLIGATIONS DEBTS	<b>DEPENDENTS</b>	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <i>4</i>	List persons you actually support and your relationship to them <i>Veronica Guillen</i> <i>Fabien S Ruiz</i> <i>Sadie Fernandez</i> <i>Denay Fernandez</i>
	<b>DEBTS &amp; MONTHLY BILLS</b> (LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <i>DEED 1 NOTE Traders</i>	Creditors Total Debt <i>\$ 96900</i>	Monthly Payt. <i>\$ 987<sup>00</sup></i>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)*Fabien Ruiz*